



Washington State
**Department of Social
& Health Services**

Report to the Legislature

**Foster Children – Long Term Needs
KIDSCREEN**

Chapter 232, Laws of 2000, Section 4
RCW 74.14A.050
Chapter 255, Laws of 2001, Section 6
RCW 74.14A.050

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Department of Social & Health Services
Children's Administration
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FOSTER CHILDREN – LONG TERM NEEDS KIDSCREEN

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EXECUTIVE SUMMARY

This is the eighth KIDSCREEN report provided by the Department of Social and Health Services (DSHS) to the Washington State Legislature as required under Chapter 255, Laws of 2001, which modified RCW 74.14A.050.

HB 1561 which passed during the 2003 Legislative Session amended RCW 74.14A.050, eliminating the six month KIDSCREEN reports provided by the Department to the Washington State Legislature. Therefore, this will be the only KIDSCREEN report produced this year. The next report will be provided in December 2004. This report covers data from the beginning of implementation in September 2001 through June 2003, and activities since the last Kidscreen report in December 2002.

The Kidscreen Case Review randomly selected 102 cases for children placed between October 1, 2002 and October 31, 2002 with completed Kidscreens by February 14, 2003.

HIGHLIGHTS FROM THIS REPORT

Aggregate number of children screened and identified needs:

- As of June 17, 2003, 78% (5,304) of 6,817 required KIDSCREENS had been completed statewide. Of these, 1,146 were completed within 30 days.
- Several regions had successfully eliminated the majority of backlog cases awaiting KIDSCREEN completion.
- Statewide an average of 74% of the children with completed KIDSCREENS are receiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT/Well-child) examinations. This is consistent with prior KIDSCREEN reports.
- The majority of children not receiving an EPSDT by the time of KIDSCREEN completion have an appointment for this exam at a future date.
- For those children whose education records were received, and completed KIDSCREENS, 30% of them had an Individual Education Plan (IEP) indicating special learning needs.
- Eighty-five percent of infants tested using the Denver II Developmental Screen were in the normal range.
- Twenty-six percent of children ages 4 months to 5 years who were screened using the Ages & Stages showed problems in the area of communication. Eighteen percent showed scores in the range needing further assessment in the problem-solving category.
- Findings in the Family/Social Domain were consistent with those published in previous KIDSCREEN reports; parenting skills/expectations of child, stress on family, and economic resources were the areas of greatest concern.
- Domestic violence is an issue for 60% of the families of children with completed KIDSCREENS as of June 17, 2003.
- As reported in prior KIDSCREEN reports, the majority of children younger than age 5 with a completed Child Behavior Checklist (CBCL) scored in the

normal range for emotional/behavioral issues. As reported in prior KIDSCREEN reports, the percent of children older than 5 years with emotional/behavioral problems as indicated by the CBCL rose by approximately 20% compared to the younger group of children.

Implementation update:

- KIDSCREEN training for supervisors has been completed in each region.
- Enhanced training for KIDSCREEN staff on legal issues which may arise during completion of a KIDSCREEN (i.e. confidentiality of an adolescent's standardized test score) has been provided in collaboration with the Attorney General's Office.
- KIDSCREEN Basic Training is currently being conducted for new specialists.
- Completion time for KIDSCREEN averages 45 days for children placed from January 2003 through April 2003 with completed KIDSCREENS as of June 17, 2003.
- Regions are placing completed KIDSCREENS on their secure electronic share drives so that Placement Coordinators have access to them if a child is moved to a new placement.

Statewide KIDSCREEN Case Review – March 2003:

Children's Administration staff from the Quality Improvement Case Review Unit reviewed 102 foster care placement cases with completed KIDSCREENS from all regions of the state. This recent review was compared with the KIDSCREEN Case Review completed in 2002.

Results of the review indicate that the KIDSCREEN program has made substantial strides over the last year. The areas for which KIDSCREEN specialists are responsible have significantly improved. The areas for which social workers are responsible have also improved.

- For the 102 cases reviewed, the average time for completion was 51 days from the time of placement to completion of the KIDSCREEN.
- Use of the correct testing tools increased from 89% in the prior review to 92% in the current review.
- Across all domains, identification of the child's needs increased from 81% in the prior review to 91% in the current review.
- Across all domains, development of action plans describing the steps to meet the child's needs increased from 71% in the prior review to 96% in the current review.
- Across all domains, incorporation of the KIDSCREEN information into the Individual Service & Safety Plan (ISSP) increased from 47% in the prior review to 72% in the current review.
- Documentation that steps were taken to initiate the action plan also increased from 46% in the prior review to 75% in the current review in all domains.

- In 75% of the cases reviewed, the child remained in the same placement as when the KIDSCREEN staffing had been completed.
- For those children remaining in care, there was no clear way to directly link the KIDSCREEN with the existing placement.
- Sharing KIDSCREEN information with birth parents and caregivers needs to be improved. For the 102 cases reviewed, 65% of the time it could not be determined whether the KIDSCREEN information had been shared with parents and caregivers.

The full KIDSCREEN Case Review report has been incorporated into this KIDSCREEN report. Future review of the KIDSCREEN program will occur through the on-going Peer Case Reviews in all regions of the state.

Next steps:

Staff from the Quality Improvement Section, Program and Policy, and the Office of Children's Administration Research (OCAR) are collaborating on the development of a KIDSCREEN profile. This profile would be an aggregate collection of children's needs based on KIDSCREEN data in the Children's Administration Case and Management Information System (CAMIS) showing the types of issues being identified for children in particular areas. The profiles will be developed by data reflecting children from each region.

These profiles could serve as tools to assist regional management in modifying contracts with service providers, and tailoring services for children in their regions for a better fit. Research studies have provided guidance on which type of services and interventions have been found to be effective for children and families with particular issues. The goal is to use the data collected through KIDSCREEN completion to better serve the children in our care.

INTRODUCTION

Chapter 232, Laws of 2000, requires that the Department of Social and Health Services (DSHS), Children's Administration (CA), implement a standardized, validated approach to assessing children in foster care within the first 30 days of placement. KIDSCREEN has been operational statewide since December 31, 2001.

The purpose of the KIDSCREEN assessment is to:

- ◆ Assist in providing appropriate services to children;
- ◆ Identify children who are likely to need long-term care and assistance;
- ◆ Assist in matching the child with an appropriate caregiver early in placement; and
- ◆ Assist in achieving the child's permanent plan in a timely manner.

Chapter 255, Laws of 2001, codified in RCW 74.14A.050, authorized the department to pilot the assessment process in selected CA offices throughout the state. The pilot occurred in five offices (*Spokane, Seattle South, Omak, Bellingham, and Aberdeen*) from November 2000 to June 31, 2001. The pilot's purpose was to test, analyze, and select standardized child assessment tools that would then be implemented statewide by December 31, 2001. Implementation was to be completed within current funding levels.

The outcome of the KIDSCREEN pilot led to the development of the final assessment model and to selection of the standardized, validated assessment instruments required in statute.

CURRENT KIDSCREEN REPORT

This is the eighth in a series of mandated KIDSCREEN reports. The focus of this report is to provide information on:

- ◆ Aggregate number of children screened
- ◆ Findings from the KIDSCREEN CAMIS Module regarding children's needs
- ◆ Update on implementation
 - ◆ Training for KIDSCREEN staff
 - ◆ Completion time for KIDSCREEN
 - ◆ Case planning using KIDSCREEN
 - ◆ Placement decisions using KIDSCREEN
- ◆ KIDSCREEN Follow Up Case Review - March 2003
- ◆ KIDSCREEN Profile
- ◆ KIDSCREEN Story from the field

THE KIDSCREEN MODEL AND THE SCREENING TOOLS

MODEL DESIGN

KIDSCREEN assesses the functioning of all children age birth to 18 within the first 30 days in foster placement. Screening is completed in five life domains:

- Physical/Medical
- Developmental
- Family/Social
- Educational
- Emotional/Behavioral

THE PHYSICAL DOMAIN is assessed using the Medicaid Well-Child examination (*Early Periodic Screening, Diagnosis, and Treatment*), also called an EPSDT which is conducted by qualified medical practitioners.

THE DEVELOPMENTAL DOMAIN is assessed using one of two standardized tests for young children. The Denver II Developmental Screen is used with infants from birth to four months of age.

The Ages and Stages Questionnaire is used for children from four months to five years of age. This instrument is comprised of a system of 19 separate questionnaires broken out by age of the child.

Standardized developmental assessment tools are not utilized by KIDSCREEN for school-age children. Developmental issues related to school-age children are identified and documented through school information and the Achenbach Child Behavior Checklist (CBCL) assessment tool.

THE FAMILY AND SOCIAL DOMAIN is assessed using a form developed by CA for use specifically with KIDSCREEN. The form integrates family social and risk issues to be assessed across several CA programs (*Child Protective Services, Child Welfare Services, and Family Reconciliation Services*).

THE EDUCATIONAL DOMAIN is assessed using information from school documents. These include report cards, Individual Education Plans (IEPs), and other information about the child's educational history and academic functioning. For older children, developmental testing through the school may also be available.

THE EMOTIONAL/BEHAVIORAL DOMAIN is assessed using the standardized Achenbach Child Behavior Checklist (CBCL). This instrument was selected because it is designed to provide a comprehensive approach to assessing a child's functioning. It records both the child's competencies as well as problems, as reported by parents, teachers, and sometimes by children themselves. It is designed to provide standardized descriptions of behavior rather than diagnostic inferences. Another valuable feature of this instrument is that it can be used with

children from 18 months to 18 years of age. KIDSCREEN specialists can use their best judgment in deciding which of the CBCL tools to complete for a child.

OPERATIONAL PROTOCOL

KIDSCREEN “specialists” are staff designated in each CA region to conduct KIDSCREEN assessments on all eligible foster children. The specialists are experienced social workers who have been trained and qualified to administer, score, and interpret the standardized test instruments.

Children are identified for KIDSCREEN in the following ways:

- ◆ KIDSCREEN specialists regularly check for new placements in the Case and Management Information System (CAMIS);
- ◆ Social workers refer children to the KIDSCREEN specialist when they believe the child will remain in care beyond 30 days;
- ◆ Supervisors also alert KIDSCREEN specialists to new placements; and
- ◆ Clerical staff in some offices are alerting specialists to new placements.

Regional variance in the size of offices and the most effective method of communicating placement information supports the use of different ways of identifying children who may require a KIDSCREEN.

The specialist then engages the birth family and the child’s caregiver to complete the appropriate assessment instruments. The specialist collaborates with the child’s assigned social worker to refer the child for a Well-Child EPSDT exam and gathers educational, family/social, and other pertinent information on the child’s functioning.

The completed KIDSCREEN “Evaluation Results Assessment” is staffed with the child’s social worker and other appropriate individuals at the KIDSCREEN staffing. The identified needs of the child are discussed and an action plan is developed to address each of those needs. By statute, these activities are to occur within the first 30 days of placement.

The resulting action plan developed by those present at the KIDSCREEN staffing is included in the child’s case plan portion of the Individual Service and Safety Plan (ISSP) by the child’s assigned social worker. The ISSP is the Department’s service plan presented at six-month intervals to the court.

KIDSCREEN information is also documented in the child’s non-medical section of Passport by the KIDSCREEN Specialist. The Passport is the document that compiles medical and educational information for case planning for children that remain in care beyond 90 days. Public Health Nurses in each region are responsible for completing Passports. They enter medical information into the child’s Passport.

KIDSCREEN LEGISLATIVE REPORT

AGGREGATE NUMBER OF CHILDREN SCREENED

Table 1 below contains information from the Children's Administration KIDSCREEN database showing the aggregate numbers of screenings completed for children placed from September 15, 2001 through April 30, 2003, with completed KIDSCREENS by June 17, 2003:

Regional Breakout of Kidscreens Completed

A	B	C	D	E	F	G	H	I	J	K
Region	No of Children Placed	Child Info	Children Reviewed screening required/ not required	Screening not Required	Screening Required	KIDSCREENS Completed	KIDSCREENS In Process	Returned Home Before KIDSCREEN Completed	Kidscreen Closed	Cases that need Attention
1	1873	0	1874	839	1035	838	26	121	990	26
2	1586	0	1586	732	854	758	9	58	837	9
3	1423	0	1424	345	1079	856	15	47	1033	15
4	2155	1	2157	910	1247	1027	57	63	1097	58
5	2337	0	2341	1229	1112	794	160	89	898	160
6	2723	0	2724	1234	1490	1031	188	194	1286	188
Total	12097	1	12106	5289	6817	5304	455	572	6141	456

Key to Columns and definitions

- A. Region – one of six regions in the state for which aggregate data is collected.
- B. No of Children Placed - total number of children placed in out-of-home care who may need screening.
- C. Child Info not on logs – of children placed (B), those not reviewed to determine if Kidscreen necessary.
- D. Children Reviewed screening required/not required - of children placed, (B) the total reviewed to determine if screening necessary.
- E. Screening not Required - of children reviewed (D), those for whom screening is not required.
- F. Screening Required - of children reviewed (D), those for whom screening is required.
- G. Kidscreens Completed - of children for whom Kidscreen is required, those who have a Kidscreen completed.
- H. Kidscreens In Process - of children for whom Kidscreen is required, those having a Kidscreen started but not completed.
- I. Returned Home Before Kidscreen Completed - of children for whom a Kidscreen was required, those who returned home prior to its completion.
- J. Kidscreen closed – of those children for whom Kidscreen was required, total of Kidscreen completed (G) plus Returned home (I), plus youth on the run, placed out of state, etc. for whom a Kidscreen was not completed.
- K. Cases that need Attention – the Kidscreen is still in process (G), or the children have not been reviewed (C).

Note: C + D = B, E + F = D, G, H and I will not sum to F, because F includes youth on the run, legal authority transferred, placed out of state, etc. K = C + H.

KIDSCREEN LEGISLATIVE REPORT

On June 17, when this data was run, 10 entries were missing from No of Children Placed (B). Therefore, C + D will not equal B on this date.

These are the main reasons for KIDSCREEN non-completion:

- Child returned home prior to completion of KIDSCREEN;
- Child placed out of state;
- Youth on the run over 60 days;
- Child custody transferred; and
- Child has valid assessment from other source.

We are also finding that when children are placed with relatives, engaging the relative caregivers in completing the KIDSCREEN is a challenging process, which sometimes stalls or prevents the completion of a KIDSCREEN.

FINDINGS REGARDING CHILDREN'S NEEDS *(from CAMIS data)*

The following is an analysis of cumulative findings on the needs of children identified from 4,983 completed KIDSCREEN entries in the KIDSCREEN CAMIS Module. These entries represent KIDSCREENS completed for children placed over 30 days from September 2001 through April 30, 2003 with completed KIDSCREENS by June 17, 2003.

There is a difference of 321 entries between the KIDSCREEN placement database and the KIDSCREEN CAMIS Module. CA is working on identifying these missing entries so that the two databases will eventually be comparable.

Physical/Medical Domain

The number of children with completed KIDSCREENS (4,983) receiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT/Well-child exams) rose slightly from 72% (2,363) reported in the December 2002 KIDSCREEN report to 74% (3,680) statewide. In Region 5, which includes Pierce and Kitsap Counties the percent of children with completed KIDSCREENS who had EPSDT exams rose to 87%.

For the 26% (1,303) of children not receiving EPSDT exams statewide, 50% of these children had exams scheduled at a future date. Children's Administration will work on tracking this group of children to ensure that the exams did occur after the KIDSCREEN was completed.

Education Domain

Education records were received for 1,347 (51%) of the school age children for whom a KIDSCREEN was completed. Out of this group of 1,347 children, 799 had an Individual Education Plan (IEP) which was received by the department. An IEP indicates problems with learning and/or behavior for which the student is receiving services through the school. For the remaining 1,288 (49%) of the

children, education records had been requested but not received, or other reasons such as school vacation prevented obtaining information in this domain.

Developmental Domain

Children under the age of 5 years are screened in this area. Two standardized tests are used:

- ◆ Denver Developmental Screen (DDST II) is used for newborns to 4 months of age; and
- ◆ Ages and Stages Questionnaires (ASQ) is used for children from 4 months to 60 months (5 years) of age.

The DDST II was used for testing 744 infants. Results show that on average 85% of these infants had scores in the normal range across the four Denver categories. Fourteen percent of these infants had scores in the suspect range in at least one category. The prior KIDSCREEN report showed that 86% of the infants tested (503) using the DDST II had scores in the normal range.

The ASQ was used for testing 1594 children. Results show that 26% (419) of these children had scores in the Communication area which indicated the need for further assessment. These results are similar to those in the prior KIDSCREEN report for this category. Another 18% (285) children had scores in the Problem Solving area which indicated the need for further assessment.

Children's Administration promotes the use of existing community resources such as the Infant-Toddler Early Intervention Program and Head Start to address developmental issues in young children.

Family/Social Domain

This domain is completed using an internally developed tool, which assesses family and social risk issues. From a total number of 4,980 children with completed KIDSCREENS, 4,980 primary caretakers, and 2,726 secondary caretakers were assessed with the following results:

- ◆ Parenting skills/expectations of child was an issue for 84% of these caretakers;
- ◆ Stress on family was an issue for 96%;
- ◆ Economic Resources of the family was an issue for 84%; and
- ◆ Recognition of problem/motivation to change was an issue for 79% of these caretakers.

The primary caretaker is usually the mother, but could be the father or a relative who has the child living with them at the time of placement. The secondary caretaker is usually the father, but could be a stepparent or another adult living with the child's primary caretaker, and acting in a parental capacity toward the child.

Substance abuse was identified as an issue for both caretakers 69% of the time. Primary caretakers had substance abuse as an issue 72% of the time, whereas secondary caretakers had substance abuse as an issue 66% of the time.

These findings appear to be consistent with earlier KIDSCREEN reports.

Because of heightened awareness regarding the effects of domestic violence on children, and because this is one of the issues we are collecting data on, information on this issue is now being reported, and will continue being reported in future reports. Domestic violence was reported as an issue 60% of the time in the family of those children with completed KIDSCREEN as of June 17, 2003. A history of violence toward others by either the primary or secondary caretaker was reported as an issue 52% of the time in these same families.

Emotional/Behavioral Domain

Children's Administration is using the Achenbach Child Behavior Checklist (CBCL) as the standardized tool to complete this domain. For children and youth, the CBCL is divided into the following age categories:

- ◆ CBCL 1.5 to 5 years;
- ◆ CBCL 6 to 18 years; and
- ◆ Youth Self Report for children 11 to 18 years

The CBCL 1.5 to 5 years was completed for 872 children. Of these 872 children, 73% (633) showed scores in the normal range in the "Total Problems" category. Nine percent of the children (80) showed scores in the borderline range, and 18% (159) of the children showed scores in the clinical range.

The CBCL 6 to 18 years was completed for 2,131 children and youth. For these 2,131 children and youth, the number with scores in the normal range in the "Total Problems" category dropped. Fifty-two percent (1,107) of these children and youth had Total Problems scores in the normal range. The number having scores in the clinical range rose to 38% (812), and the percent of children and youth with scores in the borderline range was 10% (212). The borderline range indicates that a child's score is outside the normal range, and moving toward the direction of the clinical Range.

The percentages above which indicate whether or not children and youth are having emotional problems have not changed significantly since the prior KIDSCREEN report.

Children's Administration and the Mental Health Division continue the dialogue for developing a plan to assist children and youth to access mental health services in their local communities.

Child/Youth Substance Abuse

Children's Administration is collecting data when completing a KIDSCREEN as to whether or not the child or youth is abusing any drugs. The data to date reflects that out of 4983 KIDSCREENS completed, 94% (4697) of our children and youth do not have substance abuse as an issue.

A smaller number of 286 (6%) children and youth are experiencing problems in this area. This information is provided to the assigned social worker at the KIDSCREEN staffing. The social worker and caregiver would then collaborate to identify and obtain services which could include an Alcohol/Drug evaluation completed by a qualified provider in that area.

A detailed breakout of the numbers of children screened, and the results from the Children's Administration Case and Management Information System is contained in the Appendix portion at the end of this report.

IMPLEMENTATION UPDATE**TRAINING**

Since the last legislative report, the following training has been provided:

- Supervisor training in the regions. This training included supervisor representation from all program areas. An update on the status of their region's improvement from the first KIDSCREEN Case Review compared to the March 2003 KIDSCREEN Case Review focused on areas which had improved, and those areas still needing more work.
- Enhanced training on legal issues, such as confidentiality, was provided for approximately 50 staff. KIDSCREEN Coordinators, Specialists, and Supervisors participated in this training.
- Basic training for new and back-up specialists occurred again in May and June 2003. This training prepares specialists to use the standardized tools, and provides an overview of the KIDSCREEN program and its purpose and goals. Approximately 14 specialists participated in this training.
- Informal training on the use of the data collection systems, and clarification on procedures is provided regularly through an E-mail distribution list to all KIDSCREEN staff.
- KIDSCREEN staff are kept informed of opportunities for gaining additional skills in evaluating children through various training opportunities from community partners statewide.

COMPLETION TIME FOR KIDSCREEN

For children placed between January 1, 2003 through April 30, 2003, the average number of days to complete a KIDSCREEN was 45 days. Some KIDSCREENS which do not require the use of all the standardized tests, or where the child is able to obtain an immediate appointment for an EPSDT exam are occurring at 30 days. To date statewide, 78% of all required KIDSCREEN since September 2001 have been completed.

The recent KIDSCREEN Case Review found that compared to the first KIDSCREEN Case Review, the completion time had not significantly changed. The average number of days from a child's placement to KIDSCREEN completion remained at 75 days. This completion timeframe is for children placed during the six months between May and October 2002.

Staff workload, specialist staffing levels, and regional variance in numbers of placements are the major factors preventing KIDSCREEN completion within the 30-day timeframe. Children's Administration will continue to strive for completion of the KIDSCREEN within 30 days of the child's placement, while simultaneously working to ensure a comprehensive quality evaluation for the child.

CASE PLANNING WITH KIDSCREEN

Both the KIDSCREEN CAMIS data and the KIDSCREEN Case Review indicate improved use of KIDSCREEN information by the child's assigned social worker in case plans for the child. Across all domains, the case review findings showed an improvement in this area from 47% in the first KIDSCREEN Case Review to 72% in the March 2003 Case Review. For the 102 cases reviewed in the March 2003 KIDSCREEN Case Review, documentation showed that 60 days after the KIDSCREEN, action plan steps to initiate needed services for the child had improved from 46% in the first KIDSCREEN Case Review to 75% in the recent case review.

This continues to be a focus of attention in all regions. We recognize that identifying the child's needs is only the first step in the process. Linking the child with needed services to address the identified issues is just as important.

CAMIS data as of June 17, 2003 indicates participation in KIDSCREEN staffings by KIDSCREEN Specialists, Social Workers, and various others who are important in a child's life. The development of Action Plans which become part of the child's case plan occur at the KIDSCREEN staffing.

The table below is a snapshot from 4,990 completed KIDSCREENS.

KIDSCREEN LEGISLATIVE REPORT

TOTAL = 4,990

ROLE	NUMBER PRESENT
Social Workers	3461
KIDSCREEN Specialist	2966
Supervisor	780
Parents	320
Caregivers	324
School Personnel	47
Mental Health Staff	46
Medical Providers	25
Other Professionals	1002

Efforts are being made to collaborate and develop case plans which are unique and individual for each child.

PLACEMENT DECISIONS USING KIDSCREEN

The child is already in placement when the KIDSCREEN occurs. This could be a receiving home, foster care placement or placement with a relative. Therefore, Children's Administration is using the KIDSCREEN to prepare a new prospective relative or foster parent about issues the child has in those situations where a planned placement would occur, and it is in the child's best interest to make this move.

Recent supervisor training emphasized how a KIDSCREEN could be used to stabilize and strengthen a placement through the services provided to a child or youth. Regions are also placing completed KIDSCREENS on the region's secure electronic share drive for accessibility by the Placement Coordinators. This provides information about the child when he or she might be moving to a relative across the state, or for situations where a child is placed, returns home, and then re-enters the foster care system again at a future date.

The March 2003 KIDSCREEN Case Review found that statewide the number of children who were in the same placement as when the KIDSCREEN staffing was completed was 75%. In some regions the number of children remaining in the same placement as when the KIDSCREEN was completed was much higher. For example in Region 4 (King County) 94% of the children included in the case review were in the same placements in March 2003 as when the KIDSCREEN was completed.

KIDSCREEN FOLLOW-UP CASE REVIEW

I. PURPOSE AND SCOPE OF KIDSCREEN FOLLOW-UP CASE REVIEW

A statewide follow-up review of KIDSCREEN cases was conducted in March 2003 to examine the progress of the KIDSCREEN program and identify successes, systemic issues, areas where further development is needed, and to identify any new issues. This review is a follow-up to the first review conducted of KIDSCREEN implementation in April 2002. KIDSCREEN is a legislatively mandated service to assess, early in a placement, the needs of a child who remains in care beyond 30 days. This information is used to plan specific services to meet the child's needs.

The key purposes of this review were to:

- Examine developments from last years key findings;
- Examine the statewide progress of KIDSCREEN since the last review;
- Examine the entire process from case identification, assessment and case planning, to implementation of services;
- Identify strong social work practice that is occurring in each region;
- Identify practice areas that need improvement including systemic barriers related to KIDSCREEN implementation; and
- Provide data for the June 2003 report to the Legislature on KIDSCREEN activities.

II. METHODOLOGY FOR CASE REVIEW

Staff from the CA Case Review Unit in the Quality Improvement Section reviewed 17 completed KIDSCREEN cases in each region for a total of 102 cases statewide. The 102 cases were randomly selected from children placed in out-of-home care between October 1, 2002 and October 31, 2002, who had a KIDSCREEN Staffing and Action Plan completed by February 14, 2003. The 102 cases were 48% of the total (211 cases) sample population. Cases were read during March 2003, on-site in each region. This timeframe was selected to allow review of the entire process from identification of the case through the first Individual Service and Safety Plan (ISSP).

The findings of this review are based primarily on the case review (case file and CAMIS) data. Interviews with the KIDSCREEN Regional Coordinators and some social work staff also contributed information related to implementation actions and regional processes.

III. STATEWIDE KIDSCREEN CONTEXT

During the year 2002, all regions had enhanced training sessions provided by CA staff to address issues identified in the first review. The training

KIDSCREEN LEGISLATIVE REPORT

provided further clarification of the KIDSCREEN Specialists responsibilities, further information on how to complete the KIDSCREEN staffing and development of action plans. This report will indicate that KIDSCREEN Specialists have utilized the training, as well as other resources, to make substantial improvements across most areas.

A KIDSCREEN Database was developed within the last two years to provide on-going, updated information on the KIDSCREEN program. The database operates in “real time” and provides useful information to CA Headquarters staff, as well as field staff. Information found in the database includes such areas as length of time for KIDSCREEN staffings to occur, how many KIDSCREENS have been completed per region, and the reasons for non-completion.

The CA Permanency Planning Program Manager holds monthly conference calls with Regional KIDSCREEN Coordinators to update KIDSCREEN policy changes, dialogue specific KIDSCREEN implementation barriers, and promote KIDSCREEN staffing consensus.

The KIDSCREEN program appears to have made substantial strides over the last year. The staffing patterns for most regions have stabilized. Generally, the areas that KIDSCREEN Specialists are responsible for have improved significantly, with a clear indication that the program will continue to make progress. The areas related to the KIDSCREEN action plan that social workers are responsible for have improved, but further progress is necessary.

IV. KEY STATEWIDE KIDSCREEN FOLLOW-UP FINDINGS

Key findings for this review compared to last year include:

Area of Review	Average This year	Average Last Year	Change From Last Year
Number of days to KIDSCREEN completion.	51 days	75 days	24 days less
KIDSCREEN completed within 30 days of the date of the child’s placement.	26%	12%	Improved 14%
Documentation of who attended the KIDSCREEN staffing.	86%	61%	Improved 25%
Documentation of who received KIDSCREEN results.	35%	30%	Improved 5%
KIDSCREEN assessment tools fully or partially being utilized.	92%	89%	Improved 3%
Identification of children’s	91%	81%	Improved 10%

KIDSCREEN LEGISLATIVE REPORT

Area of Review	Average This year	Average Last Year	Change From Last Year
need fully or partially met.			
Development of action plans that fully or partially described the steps to meet the child's needs.	96%	71%	Improved 25%
Identification of who was responsible for completing the action plans was documented fully or partially.	91%	38%	Improved 53%
Identification either fully or partially for timeframes of completion of the action plan steps.	72%	12%	Improved 60%
KIDSCREEN results either fully or partially incorporated into the ISSP.	72%	46%	Improved 26%
KIDSCREEN action plans either fully or partially implemented 60 days after the KIDSCREEN staffing.	75%	46%	Improved 29%

V. STATEWIDE FINDINGS OF KIDSCREEN FOLLOW-UP**A. KIDSCREEN Staffing Timeframe and Participation**

The length of time to complete a KIDSCREEN Action Plan and Staffing Report was examined as well as the method used and length of time it took to make a KIDSCREEN referral. Also examined was who attended the staffing, and who received the results.

- Based on information from the 102 cases reviewed statewide, the average number of days for cases reviewed this year was 51 days compared to an average of 75 days last year. The requirement to complete the assessment and staffing within 30 days was met 26% (27) of the time compared to 12% last year. One-half of the KIDSCREEN staffings were completed within 45 days this year compared to one-fourth last year.

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Region	Average Days to KS Completion 2003	# of Cases
1	48	17
2	34	17
3	51	17
4	55	17
5	51	17
6	65	17
Statewide	51	102

- Documentation of who attended the KIDSCREEN staffing improved. Attendance at the KIDSCREEN staffing could not be determined 14% of the time this year compared to 39% of the time last year. In cases that were documented, the most frequent attendees were social workers (84% this year compared to 84% last year), supervisors (21% of the time compared to 24% of the time last year), and other professionals (17% of the time compared to 23% of the time last year).
- In 65% of the cases, it was not possible to determine who, outside CA, received the KIDSCREEN results compared to 70% last year, showing a small improvement.

KIDSCREEN procedures require that the parent, foster parent/caregiver and youth over age 12 receive the staffing action plan results. In 26% (27) of the cases reviewed, there was documentation that the results were shared with foster parents. There were no cases reviewed in which KIDSCREEN results were shared with a child 12 or over. Region 4 had developed a process to share the information and had the highest rates of sharing the results (94% of the cases this year compared to 65% last year). All other regions in this area had a range of failing to document who received the KIDSCREEN information from 58% not shared to 100% not shared.

Kidscreen reports often contain significant information regarding the parents and other family members of the child. The regions are resolving confidentiality issues related to how much of the information can be shared with others involved in implementing the case plan.

B. Use of Screening Tools by the Kidscreen Specialists

The review examined the completion of the KIDSCREEN screening tools by the specialists in each domain.

		Met	Partially Met	Not Met	NA
1. The EPSDT/ well child exam was completed.	2001	80% (81)	7% (7)	13% (13)	1
	2002	71% (72)	18% (19)	11% (11)	0
2. A developmental screening was completed for children under 5 years old.	2001	93% (54)	2% (1)	5% (3)	44
	2002	98% (56)	0	2% (1)	45
3. Complete family/social information was obtained.	2001	54% (55)	39% (39)	7% (7)	1
	2002	82% (84)	14% (14)	4% (4)	0
4. School records were obtained.	2001	42% (25)	33% (20)	25% (15)	42
	2002	57% (25)	32% (14)	11% (5)	58
5. Emotional/behavioral information was obtained using Achenbach Behavior checklist.	2001	91% (61)	5% (3)	4% (3)	35
	2002	87% (52)	2% (1)	11% (7)	42

- On average across all domains (includes both met and partially met), use of the correct KIDSCREEN assessment tools increased from 89% to 92%. The KIDSCREEN Specialists achieved the highest rates of full compliance in the developmental (98%), family/social (82%) and emotional/ behavioral (87%) domains. Significant improvement was made in the family/social domain which improved from 54% fully met last year to 82% fully met this year. The correct tools were applied and analyzed, and the results were clearly recorded in the KIDSCREEN report.

The EPSDT/Well child decreased from 80% fully met last year to 71% fully met this year. It is not clear from the review data why this domain decreased.

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The variance between regions on the use of screening tools is shown below:

Domain	Statewide Average (Includes Fully and Partially met)	Highest Region Average (Includes Fully and Partially Met)	Lowest Region Average (Includes Fully and Partially Met)
Physical	89%	100% (2 regions)	82%
Developmental	98%	100% (5 regions)	90%
Family/Social	96%	100% (4 regions)	88%
Educational	89%	100% (3 regions)	66%
Emotional/Behavioral	89%	100% (2 regions)	73%

C. Quality of Staffing Reports: Needs Identification and Action Steps

The review examined the KIDSCREEN staffing report to determine if the child's needs were clearly identified and that an action plan was developed to meet the child's needs in all domains.

Identification of Child's Needs

		Met	Partially Met	Not Met	NA
1. Child's physical needs are clearly described.	2001	60% (60)	22% (22)	18% (18)	2
	2002	80% (77)	8% (8)	12% (11)	6
2. Child's developmental needs are clearly described.	2001	79% (46)	16% (9)	5% (3)	44
	2002	98% (52)	2% (1)	0	49
3. Child's family/social needs are clearly described.	2001	30% (30)	47% (48)	23% (23)	1
	2002	72% (71)	18% (17)	10% (10)	4
4. Child's educational needs are clearly described.	2001	36% (17)	31% (15)	33% (16)	54
	2002	88% (35)	5% (2)	7% (3)	62
5. Child's emotional and behavioral needs are clearly described.	2001	59% (39)	24% (16)	17% (11)	36
	2002	85% (46)	6% (3)	9% (5)	48

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- Significant improvements in the “fully met” category occurred. On average across all domains for “fully met,” the identification of the child’s needs increased from 29% to 82%. On average across all domains (includes both met and partially met), identification of the child’s needs increased from 81% to 91%.

All five domains showed significant improvement in being fully “met” from last year to this year. Areas with the highest level of completion, where the KIDSCREEN specialists fully described the child’s identified needs, were in the developmental (98%), educational (88%), and emotional/behavioral (85%) domains. Cases where some but not all of the child’s needs were described, or described in general, were rated as “partially met.”

The variance between regions on identification of child’s needs is shown below:

Domain	Statewide Average (Includes Fully and Partially met)	Highest Region Average (Includes Fully and Partially Met)	Lowest Region Average (Includes Fully and Partially Met)
Physical	88%	100% (2 regions)	53%
Developmental	100%	100% (6 regions)	No Low
Family/Social	90%	100% (2 regions)	65%
Educational	93%	100% (4 regions)	82%
Emotional/Behavioral	91%	100% (4 regions)	67%

- In 10% of the cases, the reviewer identified needs of the child that were referenced in the case file that were not identified in the KIDSCREEN staffing report.

Reviewers were asked to make note of any child needs/concerns in the case files that were not identified in the KIDSCREEN staffing report. The child’s needs/concerns could be located in any section of the case file or CAMIS. Social workers are responsible to review the file for other concerns identified prior to and after the KIDSCREEN staffing.

Development of Action Plan

		Met	Partially Met	Not Met	NA
1. Action plan describes steps to be completed to meet child's physical needs.	2001	40% (39)	34% (33)	26% (26)	4
	2002	86% (75)	10% (9)	4% (3)	15
2. Action plan describes steps to be completed to meet child's developmental needs.	2001	48% (29)	31% (19)	21% (13)	41
	2002	94% (48)	4% (2)	2% (1)	51
3. Action plan describes steps to be completed to meet the child's family/social needs.	2001	16% (16)	52% (53)	32% (32)	1
	2002	70% (62)	26% (23)	4% (3)	14
4. Action plan describes steps to be completed to meet the child's educational needs.	2001	18% (9)	52% (26)	30% (15)	52
	2002	75% (30)	15% (6)	10% (4)	62
5. Action plan describes steps to be completed to meet the child's emotional/behavioral needs.	2001	38% (25)	30% (20)	32% (21)	36
	2002	86% (44)	8% (4)	6% (3)	51
6. It is clear who has responsibility for the actions described in the action plan.	2001	17% (17)	21% (22)	62% (63)	0
	2002	68% (70)	23% (23)	9% (9)	0
7. There are clear timeframes for the actions described in the action plan.	2001	2% (2)	10% (10)	88% (90)	0
	2002	51% (52)	21% (21)	28% (29)	0

- Significant improvement occurred in the development of action plans. On average across all domains (includes met and partially met), development of action plans describing the steps to meet the child's needs increased from 71% to 96%.

The physical, developmental and emotional/behavioral domains were the most complete and clear. The level of fully "met" increased considerably in every domain compared to last year's measures. The rate of fully "met" doubled in the physical, developmental and emotional/behavioral domains. The rate of fully "met" quadrupled in the family/social and educational domains. Generally, action plans were more specific compared to last year.

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If the action plan addressed some but not all of the child's needs, or if the plan was brief or general, it was rated as "partially met." Cases where there was no action plan or the plan did not address the child's needs were rated as "not met."

The variance between regions in the development of action plans is shown below:

Domain	Statewide Average (Includes Fully and Partially met)	Highest Region Average (Includes Fully and Partially Met)	Lowest Region Average (Includes Fully and Partially Met)
Physical	96%	100% (4 regions)	88%
Developmental	98%	100% (5 regions)	92%
Family/Social	96%	100% (2 regions)	90%
Educational	90%	100% (3 regions)	82%
Emotional/Behavioral	94%	100% (5 regions)	93%

- Identification of who had responsibility for the steps described in the action plan increased (includes "met" and "partially met") significantly from 38% to 91%.

Five of the regions identified this as a goal on their improvement plans for this year and all five achieved their goal. The highest averages in this category were two regions at 100% and the lowest average was 76%.

- The inclusion of timeframes in the action plan increased (includes "met" and "partially met") significantly from 12% to 72%. All six regions identified this as a goal on their improvement plans for this year and four of the six achieved their goal. The highest average for a region in this category was 82% and the lowest average was 47%.
- Input by the KIDSCREEN specialist of the non-medical sections into the CAMIS Passport module increased (includes "met" and "partially met") from 30% to 36%, showing a small improvement. Region 5 had the highest entry into Passport CAMIS Module with 65% fully "met."

D. Social Worker's use of KIDSCREEN Information to Provide Child Specific Services

The review examined whether the action plan was incorporated into the ISSP by the child's social worker, and if there was documentation in the file that steps were taken to initiate or implement the KIDSCREEN action plan.

KIDSCREEN Case Planning in the ISSP by the Child's Social Worker

		Met	Partially Met	Not Met	NA
1. The ISSP incorporates into the case plan the KIDSCREEN action plan to meet the child's physical needs.	2001	32% (19)	22% (13)	46% (28)	42
	2002	61% (32)	4% (2)	35% (18)	50
2. The ISSP incorporates into the case plan the KIDSCREEN action plan to meet the child's developmental needs.	2001	24% (11)	13% (6)	63% (29)	56
	2002	64% (23)	0	36% (13)	66
3. The ISSP incorporates into the case plan the KIDSCREEN action plan to meet the child's family/social needs.	2001	21% (13)	28% (17)	51% (31)	41
	2002	78% (43)	9% (5)	13% (7)	47
4. The ISSP incorporates into the case plan the KIDSCREEN action plan to meet the child's educational needs.	2001	23% (8)	18% (6)	59% (20)	68
	2002	67% (14)	5% (1)	28% (6)	81
5. The ISSP incorporates into the case plan the KIDSCREEN action plan to meet the child's emotional and behavioral needs.	2001	28% (12)	21% (9)	51% (22)	59
	2002	60% (17)	4% (1)	36% (10)	74

- On average across all domains (includes “met” and “partially met”), incorporation of the KIDSCREEN Action Plan into the ISSP case plan increased from 46% to 72%, showing a substantial improvement.

The ISSP fully included the actions or services identified in the KIDSCREEN action plan in two-thirds of all cases. Action plan items were not included in the ISSP and rated as “not met” in just over one-quarter of the cases reviewed. There are a higher number of cases that were rated “N/A” in this section because cases that were “not met” in the previous category, were rated as “N/A” in the Development of Action Plan section.

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The variance between regions in incorporating KIDSCREEN case planning in the ISSP shown below:

Domain	Statewide Average (Includes Fully and Partially met)	Highest Region Average (Includes Fully and Partially Met)	Lowest Region Average (Includes Fully and Partially Met)
Physical	65%	100%	0%
Developmental	64%	100% (3 regions)	17%
Family/Social	87%	100% (2 regions)	63%
Educational	72%	100% (2 regions)	50%
Emotional/Behavioral	64%	100%	0%

Implementation of KIDSCREEN Action Plan

		Met	Partially Met	Not Met	NA
1. 60 days after the KIDSCREEN staffing, action plan steps have been initiated to meet child's physical needs.	2001	37% (29)	10% (8)	53% (41)	24
	2002	66% (46)	3% (2)	31% (22)	32
2. 60 days after the KIDSCREEN staffing, action plan steps have been initiated to meet the child's developmental needs.	2001	37% (21)	10% (6)	53% (41)	45
	2002	70% (26)	0	30% (11)	65
3. 60 days after the KIDSCREEN staffing, action plan steps have been initiated to meet the child's family/social needs.	2001	26% (21)	28% (23)	46% (37)	21
	2002	73% (55)	7% (5)	20% (15)	27
4. 60 days after the KIDSCREEN staffing, action plan steps have been initiated to meet the child's educational needs.	2001	19% (8)	7% (3)	74% (32)	59
	2002	70% (21)	3% (1)	27% (8)	72
5. 60 days after the KIDSCREEN staffing, action plan steps have been initiated to meet the child's emotional/behavioral needs.	2001	32% (17)	11% (6)	57% (30)	49
	2002	77% (33)	5% (2)	18% (8)	59

- Averaging across all domains (includes “met” and “partially met”), documentation that steps were taken to initiate the action plan increased from 46% to 75%, showing a significant improvement. The 60-day timeframe is not a CA policy requirement; it was used in this review as a reasonable milestone to determine whether activities had begun to implement the KIDSCREEN action plan for the child. The case file and CAMIS were reviewed to determine if steps had been initiated to meet the identified needs in the action plan.

The two strongest areas for this measure were the action steps to meet the child’s family/social needs and the child’s emotional/behavioral needs, which were both at 73% and 77% respectively for “fully met.” The area showing the largest improvement was the educational domain, which increased from 19% “fully met” last year to 70% “fully met” this year.

If an action plan was not developed, this was rated as “N/A.” If there was an action plan, but there was no documentation that implementation steps had begun, the case was rated as “not met.”

The variance between regions in implementing the KIDSCREEN action plans by the child’s social worker is shown below:

Domain	Statewide Average (Includes Fully and Partially met)	Highest Region Average (Includes Fully and Partially Met)	Lowest Region Average (Includes Fully and Partially Met)
Physical	69%	91%	57%
Developmental	70%	100% (2 regions)	44%
Family/Social	80%	100%	67%
Educational	73%	100%	50%
Emotional/Behavioral	82%	100% (3 regions)	43%

- The KIDSCREEN review sought to determine if a region had difficulty implementing action plans to meet the children’s needs due to a lack of resources. For all regions, there was no indication in the records that a lack of resources presented as a problem in any of the domains. This was consistent with the findings in the KIDSCREEN review completed last year.

E. Use of the KIDSCREEN Information by the Social Worker in the Child's Placement

The review attempted to answer the following questions; if the child remained in the same placement, were there supports in place to meet the child's identified needs, or was a new placement arranged to further meet the needs of the child, and if an unplanned change of placement occurred, were there supports in place to meet the needs of the child in the new placement?

- Three-fourths of the children remained in the same placement as when the KIDSCREEN staffing was completed (77 children). This remained consistent with last year when 76 of the 102 children reviewed remained in the same placement as when the KIDSCREEN staffing was completed. In these cases the reviewers were unable to determine whether there were services or supports in place to assist the caregiver(s) to meet the child's needs as identified by KIDSCREEN.

There was no clear way in the case documentation to directly link the KIDSCREEN plan with the existing placement.

- In 25% (25) of the cases reviewed, a change of placement occurred after the KIDSCREEN staffing.

Of the 25 children in a different placement, half (52%-13) were planned previous to the KIDSCREEN staffing, including seven children who were returned to their birth parent(s). In the other half of the cases (48% -12) of the cases reviewed, there was an unplanned placement after the KIDSCREEN staffing placement. In 75% (9) of the unplanned placements, the placing social worker was directly interviewed and informed the reviewers that the KIDSCREEN information was not used in matching the child to a new placement.

The highest number of placements for a region after the KIDSCREEN staffing was eight and the lowest was one placement.

VI. SUMMARY OF LAST YEAR'S IDENTIFIED AREAS NEEDING IMPROVEMENT COMPARED TO THIS YEARS FINDINGS

Action Plans

Last year's KIDSCREEN implementation review found action plans seldom specified who was responsible for the actions and what were the timeframes to initiate or complete them. This year's KIDSCREEN follow-up review found significant improvements in documentation for both who was responsible for the action and the timeframes to initiate or complete the action.

Documentation of who had responsibility for the actions described in the action plan increased from 38% fully or partially met last year to 91%

fully or partially met this year. All six regions showed an improvement in this area, with one region improving from 12% fully or partially met to 100% fully or partially met this year.

Documentation of timeframes to implement or complete the action plans increased from 12% fully or partially met last year to 72% fully or partially met this year. All six regions showed an improvement in this area, with one region improving from 0% fully or partially met to 71% fully or partially met this year.

Timeframes

Last year's KIDSCREEN implementation review found the requirement to complete the KIDSCREEN within 30 days of the date of the child's placement was achieved 12% of the time. This year's KIDSCREEN follow-up review found the requirement to complete the KIDSCREEN within 30 days of the date of the child's placement was achieved 26% of the time.

Last year's KIDSCREEN implementation review found the average number of days from the date of placement to completion of the KIDSCREEN staffing was 75 days, based on the cases reviewed. This year's KIDSCREEN follow-up review found the average number of days from the date of placement to completion of the KIDSCREEN staffing was 51 days, based on the cases reviewed. Five of the six regions were able to show improvement in this category. One region showed a negligible decrease.

Incorporation into the ISSP

Last year's KIDSCREEN implementation review found the KIDSCREEN action plans developed to meet the child's needs were incorporated into the ISSP by the social worker 46% of the time. Some action plans appeared to have been written by specialists rather than in a staffing discussion with the social worker. This year's KIDSCREEN follow-up review found the KIDSCREEN action plans developed to meet the child's needs were incorporated into the ISSP by the social worker 72% of the time. Five regions showed improvement over the last with the biggest increase from 53% to 94%. One region showed a decrease, going from 31% to 10%.

VII. SUMMARY OF THIS YEAR'S KEY STRENGTHS AND AREAS NEEDING IMPROVEMENT IN THE FOLLOW UP CASE REVIEW

A. KIDSCREEN Follow up Areas - Key Strengths

- The statewide KIDSCREEN backlog has been eliminated in four of the six regions and reduced substantially in the remaining two regions.

- The timeframes for completing KIDSCREEN staffings decreased on average from 75 days last year to 51 days this year for cases under review.
- The KIDSCREEN Assessment tools are being used fully or partially across all domains 92% of the time. This includes an increase from 29% fully “met” last year compared to 82% fully “met” this year. In these cases, Specialists are accurately applying the tools and clearly describing the results of the assessments on the KIDSCREEN reports.
- KIDSCREEN staffings are occurring and the action plans are either fully or partially developed in 96% of the cases.
- Identification for who was responsible for completing the action plan steps increased from 38% fully or partially “met” last year to 91% fully or partially “met” this year.
- Identification of timeframes for completion of the action plan steps increased from 12% fully or partially “met” last year to 72% fully or partially “met” this year.

B. KIDSCREEN Follow-up Areas Needing Further Improvement

- KIDSCREEN information was not used to match a child to a new placement in 75% (9) of the cases that a child had an unplanned placement after the KIDSCREEN staffing.
- KIDSCREEN results were either fully or partially incorporated into the ISSP in 72% of the cases reviewed. Although this is significant progress from last year (47%), further improvement is needed. The quality of the documentation in the ISSP also needs improvement.
- KIDSCREEN action plans were either fully or partially implemented 60 days after the KIDSCREEN staffing in 75% of the cases reviewed. Although this is significant progress from last year (46%), this area would benefit from increased implementation, as well as increased quality in documenting the services provided to the child.
- Utilizing the KIDSCREEN Database information, timeframes for completing the KIDSCREEN staffing remained the same from last year at an average of 75 days, which is significantly higher than the required 30 days.
- The requirement to complete the KIDSCREEN within 30 days of the date of the child’s placement was achieved 26% of the time.

Although this was an increase from last year (12%), improvement is still needed to reduce the completion timeframes.

- It could not be determined who received the KIDSCREEN results in 65% of the cases reviewed. Policy requires that the birth parent(s), foster parent/caregiver and assessed child 12 years or over be provided with the KIDSCREEN results.

C. Statewide Issues that need to be Addressed

- The “Family/Social” domain appears confusing. The quality of the KIDSCREEN Specialists work in this domain improved, and it appeared that significant steps were taken to focus this domain on the child’s social needs with the family and community. However, the assessment tool language primarily focuses on the parents/family and can give the KIDSCREEN Specialist the impression that the action plan should address the parent’s needs, rather than the child’s needs. The case review team suggests revising the family/social domain assessment tool to focus solely on the child’s social needs within the context of the family issues. Renaming the domain “Child’s Family/Social” domain may help alleviate some of the confusion.
- The social worker’s use of the KIDSCREEN information needs further development. The data indicates that social workers have increased their utilization of the KIDSCREEN information in case plans and in service delivery, but further improvement is necessary. A key area to address is the use of the KIDSCREEN information in matching children to new placements and sharing the KIDSCREEN information with birth parents and foster parent/caregivers.

NEXT STEPS

KIDSCREEN Profile

Children’s Administration and the Office of Children’s Administration Research (OCAR), have initiated work on a “KIDSCREEN Profile.” This profile will be a ‘look in time” at a collection of KIDSCREEN findings by regions showing the collective needs for children within each region. The goal is to provide regions with information about child and family needs so that regional management can then compare these needs with services and resources available. This could provide management staff with a tool for using effective interventions to meet the needs of the region’s child population in care.

The profile will also assist management and regional staff in advocating for improved services when contracts with community partners are renewed by

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identifying areas where services are scarce, or need to be modified to better meet the needs being identified among the child population in that area.

A model for the KIDSCREEN Profile will be presented to regional management in the near future. Based on feedback from management, CA staff and OCAR will then develop KIDSCREEN profiles for each region.

KIDSCREEN DOMAIN STATISTICS

KIDSCREENS Completed with Staffing Dates

N = 4983

OPD¹ Selection Dates

From: 9/15/2001

To: 6/17/2003

PHYSICAL DOMAIN:	Total	%
MEDICAL EXAMS <i>N = 4983</i>		
Children With Completed EPSDT	3680	74
Children W/O Completed EPSDT	1303	26
Reasons For No Examination <i>N = 1303</i>		
A - Problem With Medical Coupon Payment	76	6
B - Scheduled Future Date	647	50
C - No S/W Follow Through	18	1
D - No Medical Provider	44	3
E - No Caregiver Follow Through	436	33
F - Child Ill or Hospitalized	71	5
G - Youth Refuses or On The Run	11	1
Children W/O Completed EPSDT & N/Reason <i>N = 0</i>		
EDUCATION DOMAIN: <i>(Excludes Reason E- Child not of School-Age)</i>	Total	%
EDUCATION RECORDS:		
(School-Age Only) <i>N = 2635</i>		
(Not of School Age) <i>N = 2348</i>		
Education Records Received	1347	51
No Education Records Received	1288	49
REASONS FOR NO EDUCATION RECORDS <i>N = 1288</i>		
A - School Vacation	288	22
B - Requested, Not Yet Received	777	60
C - School-Age Child Not In School	155	12
D - Unable To Locate School	68	5
INDIVIDUAL EDUCATION PLAN RECEIVED <i>N = 2635</i>		
YES - IEP Received	799	30
NO - IEP Received	1446	55
Unknown	390	15
INDIVIDUAL EDUCATION PLAN CURRENT <i>N = 799</i>		
YES - IEP Current	473	59
NO - IEP Current	292	37
Unknown	34	4
CHILD/YOUTH SUBSTANCE ABUSE <i>N = 4983</i>		
Yes - Substance Abuse	286	6
No - Substance Abuse	4697	94

¹ *Original Placement Date entered in CAMIS*

DEVELOPMENTAL DOMAIN:				Total	%		
DENVER (<i>Child 0 to 4 Months Of Age</i>)		<i>N</i> = 4983					
Assessments Completed				744		15	
Assessments Not Completed				4239		85	
REASONS FOR NO DENVER ASSESSMENTS		<i>N</i> = 4239					
A - N/A Age of Child				4210		99	
B - Caregiver Uncooperative				5		0	
C - Infant Medically Compromised				21		1	
D - Current Valid Assess. from other source				3		0	
DENVER	<i>N</i> = 744	Normal	%	Suspect	%	Untestable	%
Fine Motor		447	60	69	9	9	1
Gross Motor		463	62	60	8	2	0
Personal/Social		478	64	44	6	3	1
Language		451	61	68	9	6	1
DDST		172	23	41	6	6	1
ASQ (<i>Child 4 to 60 Months Of Age</i>)		<i>N</i> = 4983		Total	%		
Assessments Completed				1594	32		
Assessments Not Completed				3389	68		
REASONS FOR NO ASQ ASSESSMENTS		<i>N</i> = 3389					
A - N/A Age of Child				3218	95		
B - Caregiver Uncooperative				87	3		
C - Infant Medically Compromised				26	1		
D - Current Valid Assess from other source				58	2		
ASQ							
(<i>Scores in range for further assessment</i>)		<i>N</i> = 1594					
Fine Motor				231	14		
Gross Motor				148	9		
Personal/Social				252	16		
Problem Solving				285	18		
Communications				419	26		
FAMILY/SOCIAL DOMAIN:				#1	%	#2	%
<i>Caretaker #1</i> <i>N</i> =4980				<i>Caretaker #2</i> <i>N</i> =2726			
<i>(Identified as Caretaker(s) Issues)</i>							
Parenting Skills/Expectations For Child				4439	89	2150	79
Recognition of Problem/Motivation To Change				4121	83	2028	74
Mental-Emotional, Intellect or Physical Impairment				3899	78	1648	60
Substance Abuse				3609	72	1794	66
Level of Cooperation				3361	67	1651	61
Empathy/Nuturance Bonding				3304	66	1674	61
Protection of Child By Non-Abusive Caretaker				2987	60	1574	58
History of Violence of Caretaker(<i>To others</i>)				2406	48	1537	56
History of CA/N As A Child				2380	48	806	30

FAMILIAL, SOCIAL AND ECONOMIC FACTORS <i>N</i> = 4983				Total	%				
<i>(Identified as a Family Issue)</i>									
Stress on Family				4799	96				
Economic Resources of Family				4184	84				
Support for Family				3617	73				
Domestic Violence <i>(Between Intimate partners)</i>				2995	60				
EMOTIONAL/BEHAVIORAL DOMAIN:				Total	%				
CBCL (1.5-5 YEARS) <i>N</i> = 2548									
Assessments Completed				872	34				
Assessments Not Completed				1676	66				
REASONS FOR NO CBCL 1.5-5 RECORDS <i>N</i> = 1676									
A - NA, Age of Child				1388	83				
B - Caregiver Unavailable/Uncooperative				258	15				
C - Child Unavailable/Uncooperative				24	1				
D - Child is/may be Developmentally Delayed				6	0				
CBCL T SCORES (1.5-5) <i>N</i> = 872				Normal	%	Borderline	%	Clinical	%
Internal T				629	72	87	10	156	18
External T				636	73	90	10	146	17
Total Problems T				633	73	80	9	159	18
TYPE OF TESTS UTILIZED (1.5-5 YEARS) <i>N</i> = 872									
CBCL 1.5-5				819		94			
C-TRF				53		6			
CBCL (6-18 YEARS) <i>N</i> = 2435				Total	%				
Assessments Completed				2131	88				
Assessments Not Completed				304	12				
REASONS FOR NO CBCL 6-18 RECORDS <i>N</i> = 304									
A - NA, Age of Child				14	5				
B - Caregiver Unavailable/Uncooperative				265	87				
C - Child Unavailable/Uncooperative				19	6				
D - Child is/may be Developmentally Delayed				6	2				
CBCL T SCORES (6-18) <i>N</i> = 2131				Normal	%	Borderline	%	Clinical	%
Internal T				1286	60	209	10	636	30
External T				1169	55	191	9	771	36
Total Problems T				1107	52	212	10	812	38
TYPE OF TESTS UTILIZED (6-18 YEARS) <i>N</i> = 2131									
CBCL 6-18				1647		77			
TRF				289		14			
YSR				195		9			
CHILD CHARACTERISTICS:				Total	%				
GENDER <i>N</i> = 4983									
Male				2560	51				
Female				2423	49				

REFERRAL PROGRAM	<i>N = 4983</i>	Total	%
CPS		4207	84
CWS		665	13
FRS		111	2
PLACEMENT TYPE	<i>N = 4983</i>	Total	%
Foster/Group Home (<i>FH,GH,FR,FN</i>)		3219	65
Relative Placement (<i>RP</i>)		1209	24
All Others (<i>Court Order, On the Run, Hospital, etc</i>)		316	6
Birth Adoptive/Non Custodial Parent (<i>BA,BN,OH</i>)		64	1
Crisis Residential/Crisis Group Home (<i>CF,CG,CS,CR</i>)		175	4
PERMANENCY PLAN	<i>N = 4983</i>		
Return Home (H)		4239	85
No Plan Established or Unknown (<i>N,U</i>)		433	9
All Others (<i>RP,FC,G,AD & IL</i>)		311	6
EPSDT TEST COUNTS BY DAY RANGE			
Under 30 days		2147	
30 to 45 days		567	
46 to 60 days		295	
61 to 75 days		202	
76 to 90 days		96	
91 to 105 days		87	
106 to 120 days		64	
121 to 135 days		52	
Over 135 days		170	
EPSDT Completed Totals		3680	

Key to CAMIS Placement Codes:

BA – Birth/adoptive parent
 BN – Birth/adoptive parent (not custodial or step-parent)
 CF – Crisis Residential Center (family)
 CG – Crisis Residential Center (group)
 CS – Crisis Residential Center (secured)
 CR – Crisis Residential Center (regional)
 FH – Foster home/receiving home
 FN – licensed FH which is Godparent, Support Network, Tribally designated relative, or relative not of specified degree
 FR – licensed FH of relative of specified degree
 GH – Group home
 OH – Own home
 RP – Relative placement not receiving foster care payments

Key to CAMIS Permanency Planning Codes:

AD – Adoption
 FC – Foster care with long-term agreement
 H – Return home
 G – Guardianship
 IL – Independent Living

RP – Relative Placement with long-term agreement

KIDSCREEN STORY FROM THE FIELD

A 1.3 month-old baby girl was placed in foster care due to alleged neglect by her mother. The KIDSCREEN specialist completed the Denver II developmental test and noted that the baby failed several areas including being non-responsive. One of her eyes appeared to be smaller than the other. The foster mother reported that her primary physician seemed to ignore her concerns and felt the baby was healthy. The KIDSCREEN specialist assisted the assigned social worker in getting an immediate eye appointment for the baby. The baby was diagnosed with a cataract and required surgery. The surgery was quickly scheduled and was successful.

The surgeon reported to the KIDSCREEN specialist that, had the cataract not been diagnosed and surgery not been done so quickly, the baby would have suffered recurrent cataracts and glaucoma. The KIDSCREEN specialist assisted the social worker in changing the health care provider to a pediatrician and referred the baby to Holly Ridge Center for further developmental testing and treatment.